

VICTIMS COMPENSATION DIVISION

CRIMINAL JUSTICE COORDINATING COUNCIL



EXECUTIVE DIRECTOR DESIGNEE AUTHORIZATION FORM

Forensic Interview and Forensic Medical Examination Programs

INSTRUCTIONS: As the Executive Director, your signature is required on the Forensic Medical Examination (FME) and/or Forensic Interview (FI) applications. In addition to yourself, you may authorize up to two designees to act on your behalf. Please complete the sections below.

SECTION 1. AGENCY INFORMATION	Please include your Agency's name and phone number.
Agency Name	
Agency Phone Number	

SECTION 2. EXECUTIVE DIRECTOR AUTHORIZATION	With my signature, I authorize the individual(s) listed in the designee section of this form to review and sign the FME and/or FI applications on my behalf. In addition, I understand that it is my responsibility to notify the CJCC Victims Compensation Division in writing when this designation is changed or terminated.
Name (Print)	
Signature	
Date	

SECTION 3. DESIGNEE	Please indicate the authorized signer(s).
Name of Designee (Print)	
Title	
Signature	
Authorized to sign (check which one applies) FME Only <input type="checkbox"/> FI Only <input type="checkbox"/> Both FME & FI <input type="checkbox"/>	
Name of Designee (Print)	
Title	
Signature	
Authorized to sign (check which one applies) FME Only <input type="checkbox"/> FI Only <input type="checkbox"/> Both FME & FI <input type="checkbox"/>	